

PSP Event Tracking Form *

Site/School Name: _____ Date: _____

Participating Professionals and Volunteers: Please accurately circle the volunteer category next to your printed name. The Office of Dental Health tracks volunteer hours for each type of volunteer.

Volunteer Confidentiality Agreement

I understand that when I work as a volunteer that any information I read, hear, or learn about a child must remain private. I must obey the HIPAA laws (Health Insurance Portability and Accountability Act). I cannot share any information, including but not limited to student name or type of insurance. I cannot share information about any health problems or treatment needs. I understand that if I fail to keep everything private that I could be asked to leave and/or have possible legal action taken against me for not keeping information private.

Please Print Name	Please Circle Volunteer Title		
Example: Jane Doe	DDS	RDH	<u>Volunteer</u>
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer
	DDS	RDH	Volunteer

*Retain a copy of this sheet to complete the "Submit Mandatory PSP Event Report" on the web site:

<https://psp.health.mo.gov/forms/>

Updated 7/2019